



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DN 01-015
MJP/MJH/air

In re application of:

John Albert Hockman

:

Application No.: 09/878,658

:

Group No.: 1731

Filed: June 11, 2001

:

Examiner: James H. Derrington

For: METHOD OF REDUCING VOLATILIZATION FROM AND INCREASING
HOMOGENEITY IN GLASS

Assistant Commissioner for Patents
Washington, DC 20231

EXPRESS MAIL CERTIFICATE

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Date of Deposit February 28, 2003

I hereby state that the following *attached* paper(s) or fee(s)

AMENDMENT TRANSMITTAL(in duplicate) – 4 pgs.

AMENDMENT – 11 pgs.

PETITION AND FEE FOR EXTENSION OF TIME (in duplicate) – 4 pgs.

OATH OR DECLARATION UNDER CFR § 1.130

TERMINAL DISCLAIMER (in duplicate) – 4 pgs.

ASSOCIATE POWER OF ATTORNEY/AGENT

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Andrea I. Rennig

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two (2) months:

Fee: \$410.00

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410.00 CH

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Addit. Fee
Total	4	Minus	6	= 0	x \$18 = \$0
Indep.	1	Minus	1	= 0	x \$78 = \$0
First Presentation of Multiple Dependent Claim					+ \$260 = \$0
Total					Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 13-3639.
 If any additional fee for claims is required, charge Account No. 13-3639.

Michael J. Herman
SIGNATURE OF PRACTITIONER

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